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ABSTRACT

There is an ongoing debate as to whether alcoholism counselors who are non-alcoholics can be as effective with alcoholic clients as counselors who are themselves recovering from alcoholism. This study compared the impact of the recovering alcoholic counselor and the non-alcoholic counselor on alcoholic clients' perceived belongingness with treatment peers, as well as on length of stay in treatment and relapse rate in a residential treatment center. Two hundred chronic, recidivistic adult male alcoholics admitted to a 90-day all-male residential treatment program over a 4-year period were randomly assigned to one of four counselors: male alcoholic, female alcoholic, male non-alcoholic, or female non-alcoholic. Based on results of structured interviews conducted at 2-week intervals during their stay, clients were categorized at the end of treatment into either the isolate, dyad, cluster, or variant grouping. Treatment outcome was measured by length of stay in the program and rate of relapse during the program. Counselor gender did not seem to be an important factor with respect to client-perceived emotional attachment, length of stay, or relapse rate. The results suggest that a counselor's recovering status does not seem to have any more impact on the clients' perception of belongingness among their peers or on length of stay or relapse rate than that of non-alcoholic counselors. (NB)

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BRIEF REPORT

COUNSELOR SUBSTANCE ABUSE HISTORY, CLIENT FELLOWSHIP, AND ALCOHOLISM TREATMENT OUTCOME

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Brief Report

COUNSELOR SUBSTANCE ABUSE HISTORY, CLIENT FELLOWSHIP, AND ALCOHOLISM TREATMENT OUTCOME

Abstract

This research compares the impact of the recovering alcoholic counselor and the non-alcoholic counselor on alcoholic clients' level of "fellowship" or client perceived "belongingness" with treatment peers, as well as on length of stay in program and relapse rate in a residential treatment setting.

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David F. Machell, Ed.D., CCMHC, NCC, CAC, is Associate Professor of Justice and Law Administration in the Ancell School of Business, Western Connecticut State University, Danbury, Connecticut and an addiction psychotherapist and consulting community psychologist with his own private consulting practice, *Clinical, Organizational, and Educational Services* (COES), Watertown, Connecticut. His specialties are alcoholism and drug abuse treatment, correctional treatment alternatives, mental health education, and social service administration, especially knowledge of the state and federal regulatory agencies and the Joint Commission on Accreditation of Hospitals (JCAH). During his career, he has created or contributed to the creation of five state licensed addiction treatment programs in Connecticut and assisted three agencies in accomplishing JCAH Accreditation, while serving in clinical administrative or consulting positions.

Dr. Machell is also an active author having published numerous articles in his speciality areas, such as *Deprivation in American Affluence: The Theory of Stimulus Addiction*, *Fellowship as an Important Factor in the Residential Treatment of Alcoholism*, *The Lethality of the Corporate Image to the Recovering Corporate Executive Alcoholic*, and *The Recovering Alcoholic in For-Profit Alcoholism Treatment Salesmanship: A Psychological Risk*. His published Fordham University doctoral dissertation is titled, *Belongingness-The Critical Variable in the Residential Treatment of Alcoholism*.

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BRIEF REPORT

COUNSELOR SUBSTANCE ABUSE HISTORY, CLIENT FELLOWSHIP, AND ALCOHOLISM TREATMENT OUTCOME

An ongoing debate has been conducted for many years as to whether alcoholism counselors who are non-alcoholics can be as effective with alcoholic clients as counselors who are themselves recovering from the disease. One viewpoint has indicated that recovering persons, as counselors, can foster a closer emotional bond with the client because of stronger identification on the part of the counselor for the client and the client for the counselor. This bond would hopefully encourage feelings of self-identity as alcoholic in the client, and the belongingness with the alcoholic counselor would hopefully generalize to other alcoholics: thereby, the recovering alcoholic as counselor initiates "fellowship" (an Alcoholics Anonymous concept) or what this author has termed client perceived "belongingness."

This study was conducted to test the impact of counselors with differing personal substance abuse histories on clients' sense of belongingness or "fellowship" with their treatment peers in a residential treatment setting and the counselors' impact on successful program completion. More specifically, this research focused on three major questions:

1. Does the personal substance abuse history (PSAH) of the counselors impact significantly on the clients' perceived belongingness levels with their peers?

2. Does the PSAH of the counselors impact significantly on the clients' length of stay in program?

3. Is the PSAH of the counselor a significant factor in the relapse rate of the clients during their involvement in the program?

Method

To answer these questions, 200 gamma (chronic, recidivistic) male adult alcoholics were randomly selected from a population of 500 clients admitted to a 90 day all-male residential program over a four year period. They were randomly assigned to one of four counselors upon admission. The counselors were categorized by personal

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substance abuse history (PSAH) and gender: male alcoholic, female alcoholic, male non-alcoholic, and female non-alcoholic. The male alcoholic counselor, male non-alcoholic counselor, and female non-alcoholic counselor possessed M.S. degrees in counseling and Connecticut certifications in alcoholism counseling (CAC). The female alcoholic counselor held a B.A. degree and a CAC. Based on the results of structured interviews conducted at two week intervals throughout their length of stay, clients were categorized at the end of their treatment into the isolate (perception of loner throughout program), dyad (perception of closeness to one other peer throughout program), cluster (perception of closeness to more than one other peer throughout program), and variant groupings (perceptions alternates between isolate, dyad, and cluster groupings throughout program). Treatment outcome was measured by length of stay in program (in days) and rate of relapse (yes or no cessation of alcohol or drug abstinence during the 90 day program). This data was collected 1981-1984 as part of this author's Fordham University doctoral dissertation project. Most of the data presented in this article was not included in the 1984 document, and this article study involved some subjects not included in the dissertation study. All subjects included in this article study became involved on admission in the same standardized group counseling schedule (indicated in the dissertation as Mode 1 Treatment Format) (Machell, 1984). These studies were conducted at Resurrection House, Inc. of New Britain, Connecticut (now known as Farrell Treatment Center), a rehabilitation program and halfway house for alcoholic men.

Results

Table 1 of this article, was excerpted from the dissertation document (Machell, 1984) and is included here to give the reader some information concerning some of the original document's findings on belongingness with this type of client in this particular setting. Table 1 indicates data of the combined belongingness level categories and treatment outcome indications. Be mindful that the dissertation utilized a different sample of client subjects than is included in this study in Tables 3 through 8.

Insert Table 1

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This data table shows in a conglomerate and simplified display from the dissertation, that client perceived "belongingness" or client perceived "fellowship" is a significant factor in residential treatment outcome, with respect to length of stay ($F_{(3,3)} = 25.20$; $p < .001$)(from complex dissertation tables)(Machell, 1984) and relapse during program ($\chi^2 = 16.20$; 2df; $p < .001$)(from complex dissertation tables)(Machell, 1984).

Table 2 indicates the demographic characteristics of the subjects discussed in table 1. These descriptive statistics give an indication of the type of clientele treated at this facility (Machell, 1984).

Insert Table 2

Table 3 indicates frequency distributions of belongingness category responses by counselor PSAH and counselor gender. The chi squire test of statistical significance (within groups) indicated a very significant difference between these groups ($\chi^2 = 32.533$; 9df, $p < .001$).

The data in this table indicates that although the male alcoholic counselor and female alcoholic counselor are lower in the number of isolate respondents, the male non-alcoholic counselor and female non-alcoholic counselor are higher in the level of cluster clients, also, the female non-alcoholic counselor is higher then the female alcoholic and the same number of variant respondents as the male alcoholic counselor. From this display, no consistent trend of effectiveness makes one counselor PSAH/gender group seem more dominant in effectiveness.

Insert Table 3

Table 4 shows statistical significance (within groups) between the belongingness responses and the counselor PSAH ($\chi^2 = 12.000$; 3df; $p < .01$). Table 5 showed statistical significance (within groups) between belongingness responses and counselor gender ($\chi^2 = 12.000$; 9df; $p < .01$)

In Table 4 the alcoholic counselors recorded fewer clients in the isolate category, but the non-alcoholics recorded considerably more cluster respondents. In Table 5 both male and female counselors indicated the same number of isolates, while the females did only slightly

better in the cluster and variant groupings.

Insert Tables 4 and 5

Table 6 indicated statistical significance (within groups) between counselor PSAH, counselor gender, and length of stay (x^2 = 12.000; 3df; $p < .01$), but no significance with respect to relapse rate (x^2 = 0.000; 1df; p = 1.000). Table 7 displays no findings of statistical significance (within groups) for counselor PSAH only, by length of stay (x^2 = 0.000; 1df; p = 1.000) and relapse rate (x^2 = 0.000; 1df; p = 1.000); also, exactly the same results are shown in Table 8 for gender, length of stay (x^2 = 0.000; 1df; p = 1.000), and relapse (x^2 = 0.000; 1df; p = 1.000)(within groups).

Insert Tables 6, 7, and 8

In Table 6 the female alcoholic counselor had the shortest length of stay with the male alcoholic the highest, female non-alcoholic second highest, and male non-alcoholic third highest. Table 7 indicated that the alcoholic counselors achieved a slightly longer length of stay with their clients, but had exactly the same number of relapses as the non-alcoholic counselors.

Table 8 indicated that despite no statistical significance, observationally, the female counselors' clients stayed a shorter period of time, but had a lower relapse rate.

Conclusions and Recommendations

In this particular setting with this particular sample, a counselor's recovering status does not seem to be any more impactful on the clients' perception of belongingness among their peers or on length of stay or relapse rate than their non-alcoholic counseling colleagues. As was indicated, the non-alcoholic counselors seem to be more effective in influencing cluster respondents in this sample, but less effective in diminishing the isolate perspectives. The male alcoholic counselor was seen as fostering the longest lengths of stay, with the female alcoholic counselor the shortest. Most importantly, the

counselors' recovery or non-recovery status made no significant difference in relapse rate, the ultimate indicator of successful treatment effort. Also, counselor gender does not seem to be an important factor with respect to client perceived emotional attachment, length of stay, or relapse rates. This seems interesting that counselor gender did not seem to be an important issue with respect to treatment outcome in this all-male facility since "women issues" are very often important treatment concerns with male clients, and one might expect much resentment toward women generally.

This data seems to indicate that belongingness or fellowship with treatment peers is an important variable in the treatment of alcoholism. Treatment professionals should not interfere with the curative process of peer group dynamics, but should facilitate it to its ultimate positive influence. The treatment professional should facilitate to ensure the "positiveness" of the peer group, since "belongingness" in a negative group context can foster numerous unhealthy responses.

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TABLE 1

Combined Belongingness level Categories and Treatment Outcome*

N = 200

Category	% of Sample	$\bar{x}$ Length of Stay (days)	% of Relapse (within categ)
Isolate	33% (66)	33.31	59% (39) a
Dyad	13% (26)	55.34	55% (14) b
Cluster	31% (62)	66.99	18% (11) c
Variant	23% (46)	80.59	18% (8) d
	100% (200)	$\bar{x}$ = 59.06	N = 72 (36%)

a 54% of relapses
b 19% of relapses
c 15% of relapses
d 11% of relapses

*Adapted from David F. Machell's "Belongingness-The Critical Variable in the Residential Treatment of Alcoholism," 1984.

TABLE 2

Demographic Characteristics of Table 1 Sample*

N = 200

Age

15-20	14	7%
21-35	110	55%
36-50	54	27%
51-65	22	11%

Marital Status

Single	105	53%
Divorced	58	29%
Separated	28	14%
Widowed	1	.5%
Married	8	4%

Education

Grade 8 or less	22	11%
Grade 9-11	79	40%
Grade 12 and above	99	50%

Race

Caucasian	159	80%
Black	37	19%
Hispanic	4	2%

Employment

Unemployed	189	95%
Employed	11	6%

Salary $\bar{x}$ = $12,991

Hospitalizations for substance abuse treatment

$\bar{x}$ = 4.62

**Adapted from David F. Machell's "Belongingness-The Critical Variable in the Residential Treatment of Alcoholism," 1984.*

TABLE 3
Counselor PSAH, Counselor Gender, and Belongingness Levels

Bel Categ	Male AI	Female AI	Male N	Female N	Chi Sq
Isolate	15	14	18	19	
Dyad	10	5	5	6	
Cluster	14	14	16	18	
Variant	14	10	8	14	
	53(27%)	43(22%)	47%(24%)	57(29%)	32.533***

Table 4
Counselor PSAH and Belongingness Levels

Bel Categ	Alcoholic	Non-Alcoholic	ChiSquare
Isolate	29	37	
Dyad	15	11	
Cluster	28	34	
Variant	24	22	
	96 (48%)	104 (52%)	12.000**

Table 5
Counselor Gender and Belongingness Levels

Bel Category	Male	Female	Chi Square
Isolate	33	33	
Dyad	15	11	
Cluster	30	32	
Variant	22	24	
	100 (100%)	100(100%)	12.000**

Table 6
Counselor PSAH, Counselor Gender, Client Length of Stay and Relapse

	Male A	Female A	Male N	Female N	ChiSq
Length of Stay	62.52	48.56	56.49	59.40	12.000**
Relapses	19(26%)	17(24%)	21(29%)	15(21%)	0.00

Table 7
Counselor PSAH, Client Length of Stay, and Relapse

	Alcoholic	Non-Alcoholic	ChiSquare
Length of Stay	60.24	57.62	0.000
Relapse Rate	36 (50%)	36 (50%)	0.000

Table 8
Counselor Gender, Client Length of Stay, and Relapse

	Male	Female	ChiSquare
Length of Stay	59.51	53.98	0.000
Relapse Rate	40 (56%)	32 (44%)	0.000